

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

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|--|---|-----------------------------|--------------------|
| TRANSMITTAL FORM | | Application Number | 10/663,726 |
| | | Filing Date | 09-17-2003 |
| | | First Named Inventor | Yuichi KUBO et al. |
| | | Group Art Unit | 1725 |
| | | Examiner Name | Samuel M. Heinrich |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | 740107-173 |

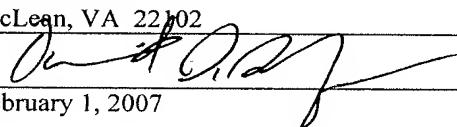
ENCLOSURES (check all that apply)

- | | | |
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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> _____ |
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Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------------------------------|--|
| Firm <i>or</i> Individual name | David S. Safran, Reg. No. 27,997 Roberts Mlotkowski & Hobbes P.C. PO Box 10064 McLean, VA 22102 |
| Signature |  |
| Date | February 1, 2007 |

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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